

**Missouri State Public Health Laboratory**

307 West McCarty Street

P.O. 570

Jefferson City, MO 65102

MSPHL Laboratory Identification Number

Human Biomonitoring Sample Collection Form

NOTE: If this sample is collected in response to a potential terrorist event or criminal intent, MSPHL Evidence and Chain of Custody Forms must be attached. (The following information must always be supplied)

Event or Study Name		Date Specimen(s) Collected		Specimen(s) Collected By	
Print Patient Name (Last, First)		Sex <input type="checkbox"/> Female <input type="checkbox"/> Male		Date of Birth	
Print Patient Address				County of Residence	
Ethnicity <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Unknown		Race <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black/Afr Amer <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Unknown			
Parent or Guardian Name				Daytime Phone Number	
Attending Physician				Phone Number	
Complete Submitting Facility/Organization Name				Facility/Organization Phone Number	
Complete Submitting Facility/Organization Mailing Address					
Location of patient during event.		Low Exp Med Exp High Exp	Symptoms (if any) & Time of Onset		Medical Treatment Received
Human Biomonitoring Analysis Requested					
<u>For Laboratory Use Only</u>					
					LRN Lab Identity
					Date Sent to LRN
					Date Data Returned from LRN
Date Sample Received		Received By		Date Sample Reported	
				Reported By	